

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018206
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 799

FILED MAY 28 1962

PLACE OF DEATH

COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b
25 Yrs.

c. CITY
OR TOWN Poplar Bluff

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Poplar Bluff Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Wilcox Road

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
GORDON (BUS) GILBERT LEWIS

4. DATE OF DEATH
Month Day Year
April 17, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1/8/1917

9. AGE (last birthday) 45
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Car Salesman

10b. KIND OF BUSINESS OR INDUSTRY
Sales.

11. BIRTHPLACE (City and state or country)
Wayne County, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME
John J. Lewis

13b. MOTHER'S MAIDEN NAME
Edna Nelson

14. NAME OF HUSBAND OR WIFE
Mrs. Frances Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT Address
Mrs. Frances Lewis, Poplar Bluff Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute anterior Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH
1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio-sclerotic heart disease

DUE TO (c) General arterio-sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 17 1962 to Apr 17 1962 and last saw him alive on Apr. 17, 1962
Death occurred at 11:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)

Harold A. Henrickson M.D.

22b. ADDRESS

Poplar Bluff, Mo.

22c. DATE SIGNED

5-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
4/19/1962

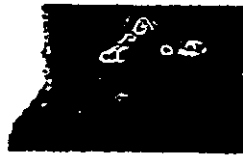
23c. NAME OF CEMETERY OR CREMATORY
City Cemetery

23d. LOCATION (City, town, or county) (State)
Poplar Bluff, Missouri.

24. FUNERAL DIRECTOR ADDRESS
FRANK-COTRELL CHAPEL, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.
5/23/1962

26. REGISTRAR'S SIGNATURE
Thelma Graham



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles E. Mungl

Licensed Embalmer No.

48077

P. O. Address

Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.